

# Driver Qualification Application

## ADDITIONAL BACKGROUND INFORMATION

Identify address(es) where you resided for the past three years:

STREET ADDRESS / APT #	CITY	STATE	ZIP CODE	TELEPHONE

## LICENSES

Licenses – Identify all drivers licenses held in the past 3 years:

STATE	LICENSE NO.	CLASS	TYPE	EXPIRATION DATE

Have you ever been denied a license, permit or privilege to operate a motor vehicle?

Yes \_\_\_/No \_\_\_

Has any license, permit or privilege ever been suspended or revoked?

Yes \_\_\_/No \_\_\_

If yes, for each occurrence, please identify the date when the license was suspended or revoked, the state or licensing agency that suspended or revoked the license, and the reason for the suspension or revocation.

DATE	STATE OR LICENSING AGENCY	REASON

## EXPERIENCE

Have you identified all commercial driver employment in the past ten (10) years in the Application.

Yes \_\_\_/No \_\_\_

If "No," please complete the Employment History Continuation page to fully and accurately complete the application process.

For each class of equipment listed below, please identify your level of experience:

Equipment	Type of Truck	Date [From]	Date [To]	Mileage
Straight trucks				
Tractors & semi-trailers				
Tractors and full-trailers				
Trucks/Pole Trailers				

For each type of cargo, please identify your level of experience

Cargo Type	Date [From]	Date [To]	Mileage
General Freight			
Machinery/Heavy Cargo			
Perishables			
Other:			

List the states where you have driven for the past 5 years: \_\_\_\_\_

### ACCIDENT/TRAFFIC RECORD

List all accidents in which you were involved as a driver in the past five years:

Date	Nature/Who Was at Fault	Number of Fatalities	Persons Injured

List all violations of motor vehicle law or ordinances (other than violations involving only parking) of which you were convicted or for which you forfeited bond or collateral for the past three years:

Date	Location	Charge	Penalty

I certify the traffic violations (other than parking charges) for which I have been convicted or forfeited bond is true and complete. If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violations required to be listed during the past three years.

I understand that findings of any misrepresentation, falsification, or omission could result in the rejection of my application or in the immediate termination of my employment. I authorize my previous employers to release the date, type of test and result of all drug and alcohol tests taken by me. I certify that I am not aware of any reason why I cannot operate a motor vehicle in compliance with applicable state and federal law and regulations, including 49 CFR Part 391. I agree to submit to a physical or medical examination as required by applicable regulation and as necessary to determine whether I am capable of performing the essential functions of a driver position with the Company.

If hired, I agree to abide by all rules and policies of the employer and to comply with any and all local, state, and federal laws and regulations applicable to drivers. This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant Signature: \_\_\_\_\_ Date \_\_\_\_\_

Print Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_